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STATE OF NEVADA INDIVIDUALIZED EDUCATIONAL PROGRAM (IEP)

INFORMATION

STUDENT/PARENT INFORMATION	ELIGIBILITY CATEGORY	MEETING INFORMATION
Student Student ID # Student Primary Language Student English Proficiency Code (optional) Address Student Phone (Work) Optional: Cell Email Primary Language Spoken at Home Interpreter or Other Accommodations Needed Emergency Contact/Phone Number Zoned School Zoned School	□ Autism Spectrum Disorder □ Deaf/Blind □ Developmental Delay □ Emotional Disturbance □ Health Impairment □ Hearing Impairment/Deaf □ Intellectual Disability □ Multiple Impairment □ Orthopedic Impairment □ Specific Learning Disability □ Speech/Language Impairment □ Traumatic Brain Injury □ Visual Impairment/Blind ELIGIBILITY DATE ANTICIPATED 3-YR REEVALUATION	DATE OF MEETING DATE OF LAST IEP MEETING PURPOSE OF MEETING Interim IEP Initial IEP Annual IEP IEP Following 3-Yr Reevaluation Revision To IEP Dated Exit/Graduation IEP Revision Without A Meeting: At the request of: Parent or School District Other IEP SERVICES WILL BEGIN ANTICIPATED DURATION OF SERVICES IEP REVIEW DATE COMMENTS
IEP	PARTICIPATION	
Parent/Guardian/Surrogate*		ologist/Specialist
Student**	School Nurse	
LEA Representative*		
Special Education Teacher*	Other (name and role)	
Regular Education Teacher***	Other (name and role)	
School Psychologist	Other (name and role)	
*Required participant. ** Student must be invited when transition is discussed (beginning at age 14 or younger if appropriat ***The IEP team must include at least one regular education teacher of the student (if the student is,		nment).
PROCEI	DURAL SAFEGUARDS	
☐ I have received a statement of procedural safeguards under the Individuals with Disa	bilities Education Act (IDEA) and these rights ha	ve been explained to me in my primary language.
	Parent Signature	
AT LEAST ONE YEAR PRIOR TO REACHING AGE 18, STUDENTS MUST BE INFORMED OF THI	EIR RIGHTS UNDER IDEA AND ADVISED THAT THE	SE RIGHTS WILL TRANSFER TO THEM AT AGE 18.
☐ Not applicable. Student will not be 18 within one year, and the student's next annual IEP meeting	will occur no later than the student's 17th birthday.	
☐ The student has been informed of his/her rights under IDEA and advised of the transfer of these r	ights at age 18.	
		

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PAGE	OF	

PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

Consider results of the initial evaluation or most recent reevaluation, and the academic, developmental, and functional needs of the student, which may include the following areas: academic achievement, language/communication skills, social/emotional/behavior skills, cognitive abilities, health, motor skills, adaptive skills, pre-vocational skills, vocational skills, and other skills as appropriate. For students who are 16 or older, or will turn 16 when this IEP is in effect, also consider the results of age appropriate transition assessments related to training/education, employment, and independent living skills (as appropriate).

ASSESSMENTS CONDUCTED	ASSESSMENT RESULTS	EFFECT ON STUDENT'S INVOLVEMENT AND PROGRESS IN GENERAL EDUCATION CURRICULUM OR, FOR EARLY CHILDHOOD STUDENTS, INVOLVEMENT IN DEVELOPMENTAL ACTIVITIES

11/1/2011

STRENGTHS, CONCERNS, INTERESTS AND PREFERENCES

STATEMENT OF PARENT EDUCATIONAL CONCERNS STATEMENT OF STUDENT'S PREFERENCES AND INTERESTS (required if transition services will be discussed, beginning at age 14 or younger if appropriate) If student was not in attendance, describe the steps taken to ensure that the student's preferences and interests were considered: CONSIDERATION OF SPECIAL FACTORS 1. Does the student's behavior impede the student's learning or the learning of others? No action needed. Yes, addressed in IEP. If YES, team must provide positive behavioral strategies, supports and interventions to address that behavior. 2. Does the student have limited English proficiency? No action needed. Yes, addressed in IEP. If YES, team must consider language needs of the student as those needs relate to the student's IEP.	STATE	MENT OF STUDENT STRENGTHS			
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 Does the student's behavior impede the student's learning or the learning of others?	n olaa	me not in alternatives, accorde the clope taken to cheare that the cladent o pro	noronoco una intercoto ne	ie denotaerea.	
 Does the student's behavior impede the student's learning or the learning of others?					
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If YES, team must consider language needs of the student as those needs relate to the student's IEP.	1.	Does the student's behavior impede the student's learning or the learning of others? If YES, team must provide positive behavioral strategies, supports and interventions, or	☐ No action needed. other strategies, supports a	☐ Yes, addressed in IEP. nd interventions to address that behavior.	
3. Is the student blind or visually impaired? □ No action needed □ Yes addressed in IEP	2.	Does the student have limited English proficiency? If YES, team must consider language needs of the student as those needs relate to the		□ Yes, addressed in IEP.	
If YES, team must evaluate reading and writing needs and provide for instruction in Braille unless determined not appropriate for the student.	3.	Is the student blind or visually impaired? If YES, team must evaluate reading and writing needs and provide for instruction in Bra	□ No action needed. ille unless determined not appropried to the contract of the contract	☐ Yes, addressed in IEP. ppropriate for the student.	
4. Is the student deaf or hard of hearing? If YES, team must consider communication needs.	4.	Is the student deaf or hard of hearing? If YES, team must consider communication needs.	□ No action needed.	□ Yes, addressed in IEP.	
5. Does the student require assistive technology devices and services?	5.	Does the student require assistive technology devices and services? If YES, team must determine nature and extent of devices and services.	□ No action needed.	□ Ves addressed in IED	

TRANSITION

DIPLOMA OPTION SELECTED FOR GRADUATION (Diploma option must be declared at age 14 and reviewed annually.)
□ Standard or Advanced High School Diploma. Must complete all applicable credit requirements and pass the High School Proficiency Examination (with permissible accommodations as needed). □ Adjusted High School Diploma. Must complete IEP requirements.
STUDENT'S VISION FOR THE FUTURE A short statement that directly quotes what the student wants for the future.
STATEMENT OF TRANSITION SERVICES: COURSE OF STUDY Beginning at age 14 or younger if determined appropriate by the IEP team, describe the focus of the student's course of study.
STATEMENT OF MEASURABLE POSTSECONDARY GOALS Beginning not later than the first IEP to be in effect when the student is 16, describe measurable postsecondary goals in the following areas:
□ Training/Education
□ Employment
□ Independent Living Skills (As Appropriate)
□ Other

TRANSITION (continued)

STATEMENT OF TRANSITION SERVICES: COORDINATED ACTIVITIES Beginning not later than the first IEP to be in effect when the student is 16, develop a statement of needed transition services, including strategies or activities, for the student.
Instruction
Any Other Agency Involvement (Optional):
Related Services
Any Other Agency Involvement (Optional):
Community Experiences
Any Other Agency Involvement (Optional):
Employment and Other Post-School Adult Living Objectives
Any Other Agency Involvement (Optional):
Acquisition of Daily Living Skills and Functional Vocational Evaluation (if appropriate)
Any Other Agency Involvement (Optional):
Other
Any Other Agency Involvement (Optional):

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IEP GOALS, INCLUDING ACADEMIC AND FUNCTIONAL GOALS, AND BENCHMARKS OR SHORT-TERM OBJECTIVES

MEASURABLE ANNUAL GOAL (including how progress toward the annual goal will be measured) ☐ Check here if this goal supports the student's postsecondary goal(s) and identify the goal(s) to which it relates: ☐ Training/Education ☐ Employment	Satisfacto Unsatisfacto	view/revise)	- Being Made s Being Ma	(continue)
☐ Independent Living Skills ☐ Other	Date	Date	Date	Date
☐ Check here if this goal will be addressed during Extended School Year Services (ESY)				
BENCHMARK OR SHORT-TERM OBJECTIVE				
#				
#				
#				
MEASURABLE ANNUAL GOAL (including how progress toward the annual goal will be measured)	PROGRES 1. Satisfacto 2. Unsatisfacto (need to re 3. Goal Met	S REPORT bry Progress Ectory Progress view/revise) (note date)	- Being Made ss Being Ma	(continue) de
☐ Check here if this goal supports the student's postsecondary goal(s) and identify the goal(s) to which it relates: ☐ Training/Education ☐ Employment	Satisfacto Unsatisfacto (need to re)	ry Progress I ctory Progres view/revise)	Being Made s Being Ma	(continue) de
	Satisfacto Unsatisfacto (need to re) Goal Met	ory Progress I ctory Progres view/revise) (note date)	Being Made is Being Ma	
 □ Check here if this goal supports the student's postsecondary goal(s) and identify the goal(s) to which it relates: □ Training/Education □ Employment □ Independent Living Skills □ Other □ Check here if this goal will be addressed during Extended School Year Services (ESY) 	Satisfacto Unsatisfacto (need to re) Goal Met	ory Progress I ctory Progres view/revise) (note date)	Being Made is Being Ma	
☐ Check here if this goal supports the student's postsecondary goal(s) and identify the goal(s) to which it relates: ☐ Training/Education ☐ Employment ☐ Independent Living Skills ☐ Other	Satisfacto Unsatisfacto (need to re) Goal Met	ory Progress I ctory Progres view/revise) (note date)	Being Made is Being Ma	
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11/1/2011

DATE					PAGEOF
	METHOD FOR REPORTING				
methods that will be used)	UDENT'S PROGRESS TOWARD MEETING ANNUAL GOALS (Ch	eck all PF	ROJECTED FREQUENC	CY OF REPORTS	
☐ IEP Goals Pages	☐ District Report Card		Quarterly	□ Semester	
☐ Specialized Progress Report	☐ Parent Conferences		Trimester	☐ Other	
□ Other					
	SPECIAL EDUCATION S	SERVICES			
SPECIALLY DESIGNED INSTRUCTION	ON		BEGINNING AND ENDING DATES	FREQUENCY OF SERVICES	LOCATION OF SERVICES
	OUDDI EMENTADY AIDO AI	ID 0ED\//01	-0		•
Includes aids, services, and othe	SUPPLEMENTARY AIDS AI r supports provided in regular education classes, other educat	ND SERVICE	=ວ tings, and in extracurr	icular and nonacaden	nic settings to enable
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	r supports provided in regular education classes, other educat students with disabilities to be educated with nondisabled s	udents to the	maximum extent appro	opriate.	•
MODIFICATION, ACCOMMODATION	I, OR SUPPORT FOR STUDENT OR PERSONNEL		BEGINNING AND	FREQUENCY OF	LOCATION OF
Describe below, or select from supplementa	al "Modifications, Accommodations, and Supports" (and list number below).		ENDING DATES	SERVICES	SERVICES

Describe below, or select from supplemental "Modifications, Accommodations, and Supports" (and list number below).

ENDING DATES SERVICES

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RELATED SERVICES

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PAGE	OF.	

RELATED SERVICE	SERVICE TYPE AND/ A - Assessment C - Consultative D - Direct	OR DESCRIPTION		BEGINNING A ENDING DATI		FREQUENCY OF SERVICES	LOCATION OF SERVICES
☐ Speech/Language							
☐ Physical Therapy							
☐ Occupational Therapy							
☐ Transportation							
☐ Counseling							
☐ Psychological Services							
☐ Orientation and Mobility							
☐ Audiology							
☐ School Health Services and School Nurse Services							
☐ Medical Services for Diagnostic or Evaluation Purposes							
☐ Recreation, including Therapeutic Recreation							
☐ Parent Counseling and Training							
☐ Interpreting Services							
☐ Social Work Services							
☐ Assistive Technology							
☐ Other							
		ATION IN STATEWIDE AND					
Indicate how the student will participate in statewide or district-wide assessments.		If the student will participate in an alternate assessment, explain why the student cannot participate in the regular assessment, and why the particular alternate assessment selected is appropriate		If the student will participate in a regular assessment, does the student require accommodations?			
State Norm-Referenced Test (I	NRT)				□ No	□ Yes	
☐ Yes ☐ N/A ☐ Alternate	. /ADT)					If YES, list on "Accommo Proficiency Examination	dation(s) for the Nevada Program" (attach form).
State Criterion-Referenced Tea	st (CHI)				□ No	☐ Yes If YES, list on "Accommo Proficiency Examination	dation(s) for the Nevada Program" (attach form).
High School Proficiency Exam					□ No	□ Yes	
☐ Yes ☐ N/A ☐ Alternate						If YES, list on "Accommo Proficiency Examination	dation(s) for the Nevada Program" (attach form).
Proficiency Examination in Wr	iting				□ No	□ Yes	
☐ Yes ☐ N/A ☐ Alternate						If YES, list on "Accommo Proficiency Examination	dation(s) for the Nevada Program" (attach form).
Other (List):					□ No	Yes List Accommo	odation(s):
☐ Yes ☐ N/A ☐ Alternate							

DATE		DAGE OF
DATE	EXTENDED SCHOOL YEAR SERVICES	PAGEOF
Does the student require extended school No Yes If YES, IEP goals and the school of t	year services? penchmarks/short-term objectives and/or related services to be imple er date, indicate date by which IEP decision will be made:	emented in ESY must be identified.
	DIACEMENT	
DI A	PLACEMENT CEMENT CONSIDERATIONS	PERCENTAGE OF TIME
☐ Selected ☐ Rejected ☐ Felected ☐ Rejected ☐ Rejected ☐ Rejected	Regular class with supplementary aids and services (no removal) Regular class and special education class (e.g., resource) combination Self-contained program	IN REGULAR EDUCATION ENVIRONMENT
☐ Selected ☐ Rejected ☐ Selected ☐ Rejected ☐ Rejected ☐ Rejected ☐ Rejected	Residential Hospital Home	The student will spend % of his or her school day in the regular education environment.
	Other	
Explain why the IEP goals and objectiv	ON FOR PLACEMENT INVOLVING REMOVAL FROM REGULAR E es cannot be implemented in regular education environments, including the r elanation of any harmful effects on the learning of this or other students which	easons why the team rejected a less restrictive placement.
*Regular education environments include acade example, sports, after-school clubs, band, etc.).	mic classes (which might include field trips linked to the curriculum), nonacad	demic settings (such as recess), and extracurricular activities (for
	IEP IMPLEMENTATION	
☐ As the parent, I agree with the components of this IE	P. I understand that its provisions will be implemented as soon as possible after the IEI	goes into effect.
☐ As the parent, I disagree with all or part of this IEP. submit a written request for a due process hearing to the	I understand that the school district must provide me with written notice of any intent to i ne local school district superintendent.	mplement this IEP. If I wish to prevent the implementation of this IEP, I must

☐ A copy of this IEP was provided to the student's parent on : _____(date) (name)

Parent Signature_

(title)

IEP PAGE 9 11/1/2011

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PAGE OF

DATA ELEMENTS

FEDER	AL STUDENT ETHNICITY CODE (CHECK ONE)
□ H7	Hispanic/Latino
□ I7	American Indian or Alaska Native
□ A7	Asian
□ B 7	Black or African American
□ P 7	Native Hawaiian or Other Pacific Islander
□ C7	White
□ M7	Two or more races

Students ages 3-5: □ E1 reg. early childhood pgm. ≥ 10 hours/week with majority of special education & related svcs. in reg. ec. pgm. □ E2 reg. early childhood pgm. ≥ 10 hours/week with majority of special education & related svcs. in other location □ E3 reg. early childhood pgm. < 10 hours/week with majority of special education & related svcs. in reg. ec. pgm. □ E4 reg. early childhood pgm. < 10 hours/week with majority of special education & related svcs. in other location □ E5 special education in separate class □ E6 special education in separate school □ E7 special education in residential facility □ E8 home □ E9 service provider location

FE	FEDERAL PLACEMENT CODE (CHECK ONE)		
Stı	Students ages 6-21:		
	B9	regular education 80-100%	
	B10	regular education 40-79%	
	B11	regular education 0-39%	
	B12	public or private separate school	
	B13	public or private residential	
	B14	homebound/hospital	
	B15	correctional facilities	
	B16	private or home schoolers with service plan	